

Name
in
FullMrs John ~~Barnes~~ Blamie

CERTIFICATE OF DEATH

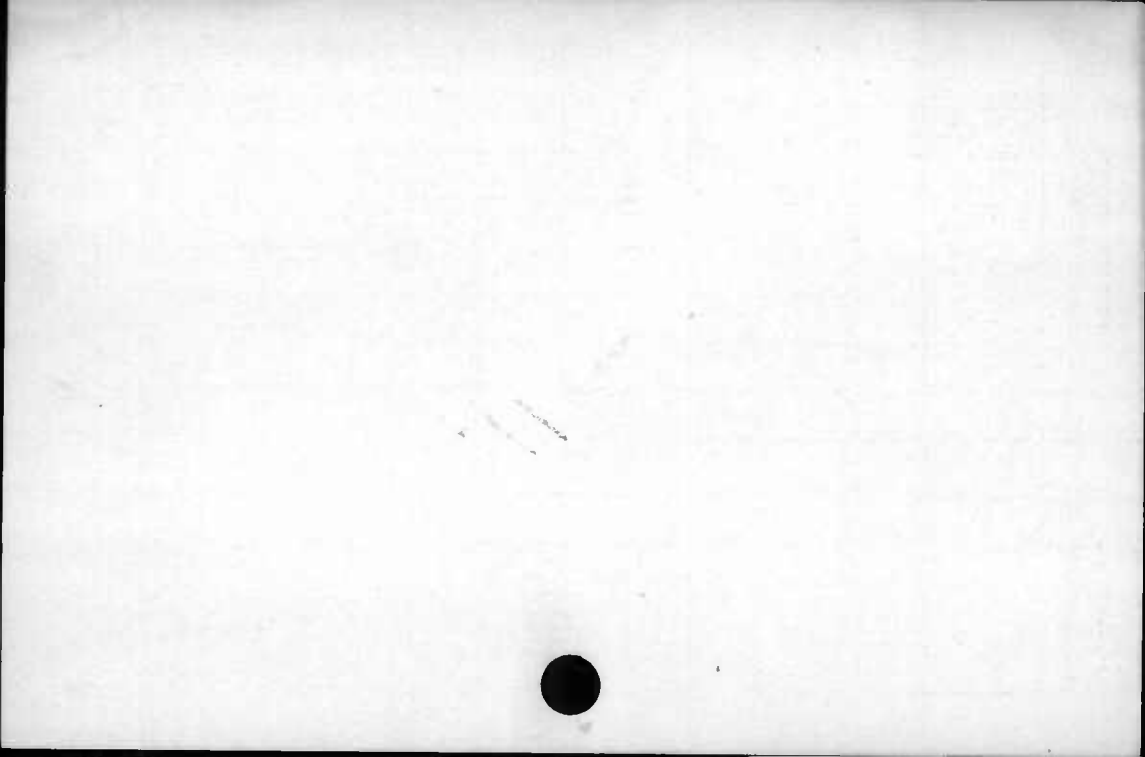
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>desert No 8</i>		Town <i>Garrett</i>		County <i>Garrett</i>		MARYLAND	
Date of death 190 <i>6</i>	Month <i>Sept.</i>	Day <i>18</i>	Age <i>49</i>	Years	Months <i>✓</i>	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>W. Va.</i>				
Married, Single or Widowed <i>Married</i>		Occupation <i>Hammer & Wife</i>					
Name of Wife or Husband <i>Mrs J Blamie</i>							
Father's Name				Father's Birthplace <i>✓</i>			
Mother's Maiden Name <i>✓</i>				Mother's Birthplace <i>✓</i>			
Name of person giving information <i>W. G. Dinkwater</i>				How related to deceased <i>None</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Complications</i>	<i>179</i>	How long	<i>two years</i>
Immediate	<i>✓</i>		How long	<i>✓</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>W. G. Dinkwater</i>	
			Address <i>Germania W. Va.</i>	
Accident or Suicide?		<i>✓</i>		



Name
in
Full

CERTIFICATE OF DEATH

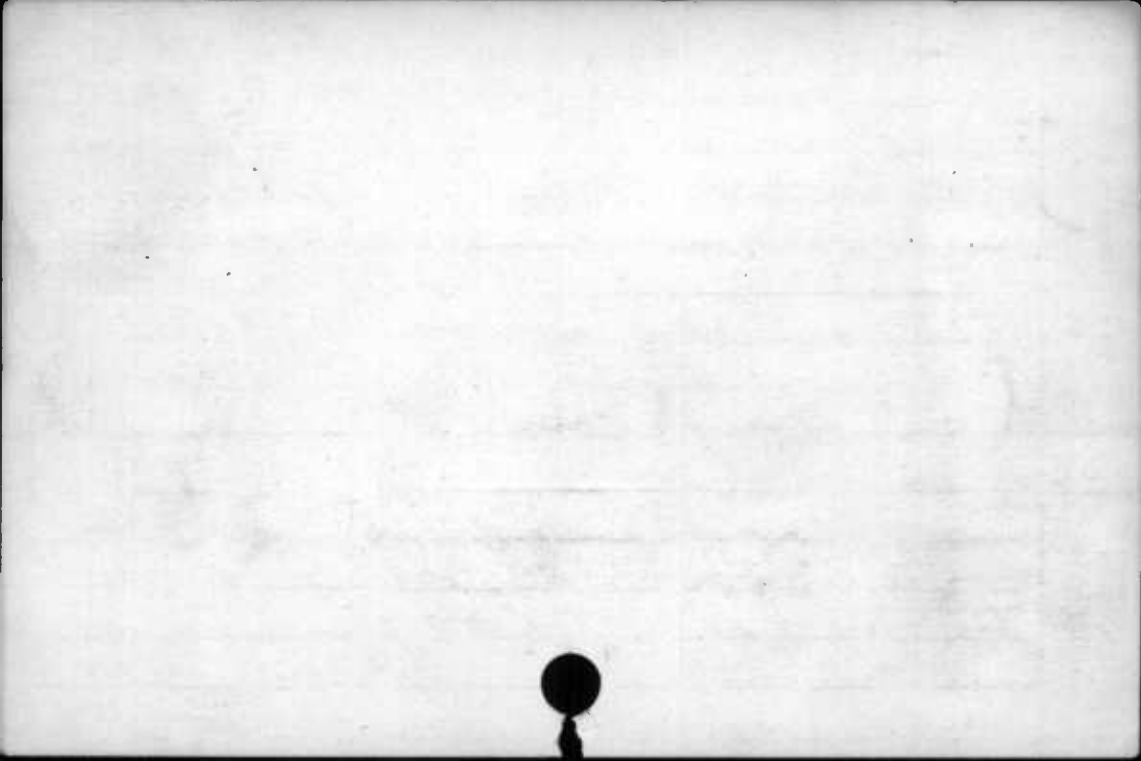
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>McHenry</i>		Town <i>McHenry</i>		County <i>Barnett</i>		MARYLAND	
Date of death	1906	Month	Sept	Day	9	Age	79
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Orphan Springs</i>		Months	9
Occupation <i>Hunting & fishing lodge</i>		Where Residing if not at place of death <i>near McHenry</i>		Years		Days	4
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Martha Delander</i>		Father's Name <i>Adam Delander</i>		Father's Birthplace	
Mother's Maiden Name <i>Norma Selby</i>		Name of person giving information <i>King Delander</i>		Mother's Birthplace <i>S</i>		How related to deceased	

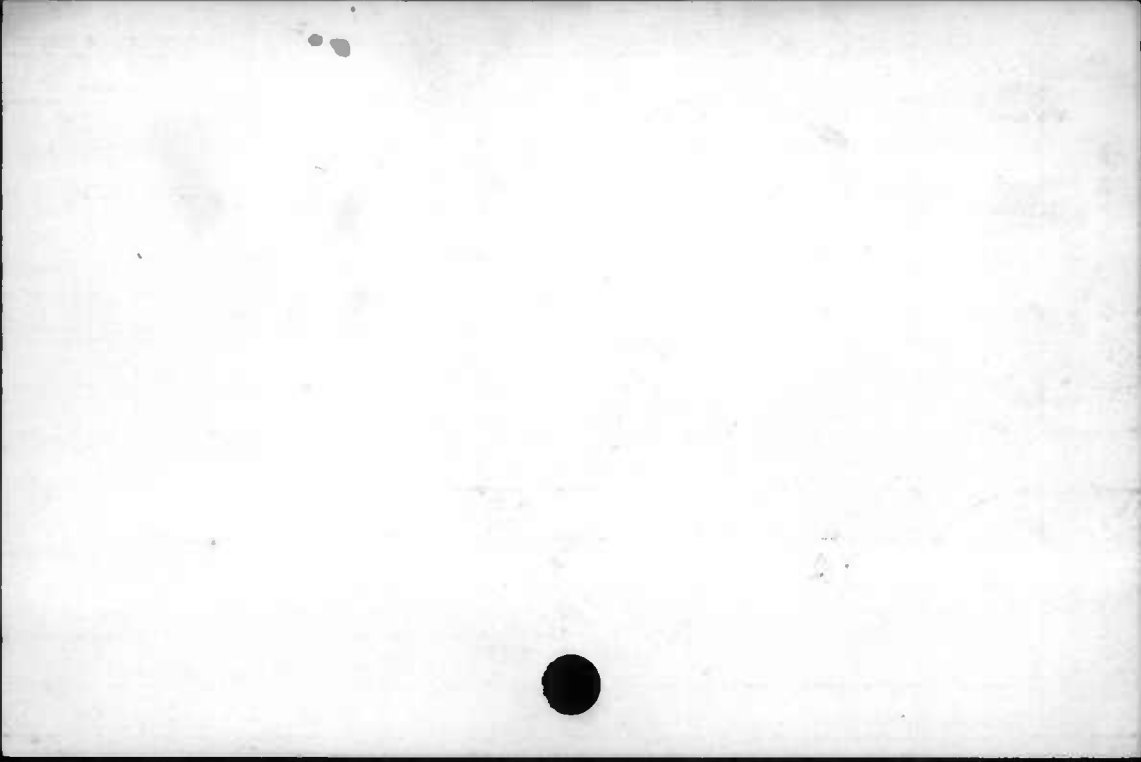
CAUSES OF DEATH

PHYSICIAN
OR CORONER

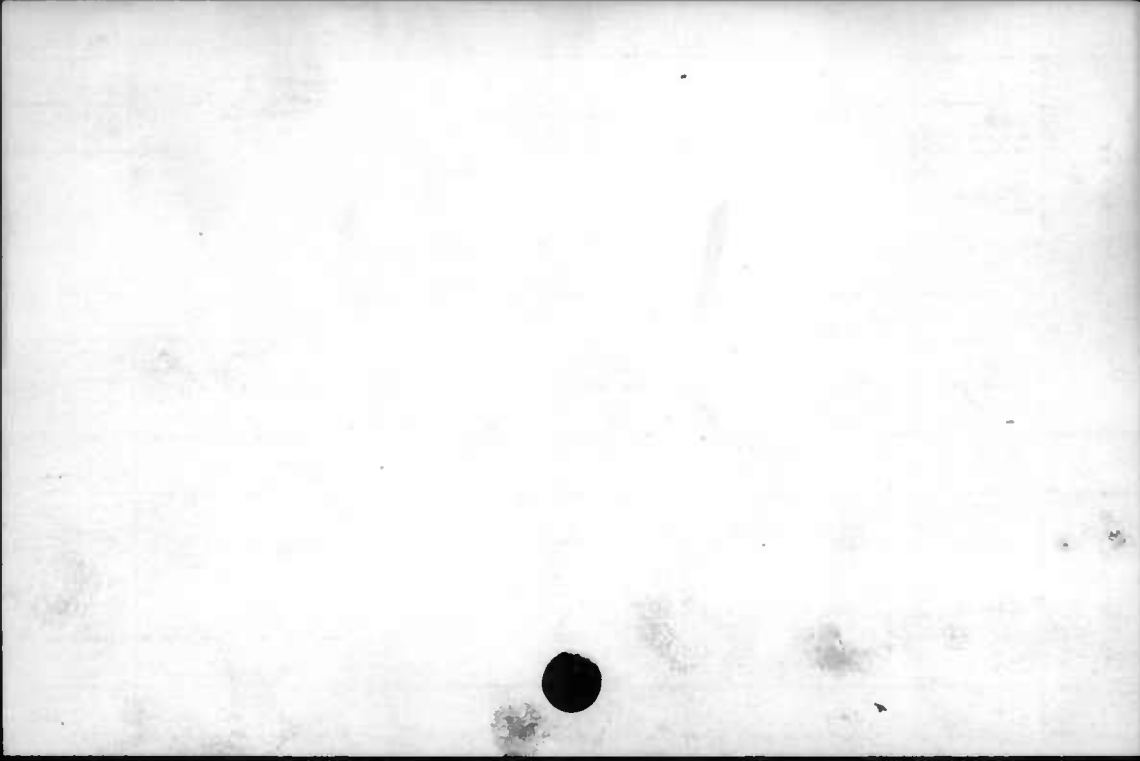
Primary	<i>Chronic Nephritis</i>	How long	<i>2 years</i>
Immediate	<i>Pulmonary Edema</i>	How long	<i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Wm. Thomas</i>	
		Address <i>Orleans Ind</i>	
Accident or Suicide?			



Name in Full		Town		County		CERTIFICATE OF DEATH						
TO BE ANSWERED BY NEAREST FRIEND		Died at		Granville		Barren		MARYLAND				
		Date of death		1906	Sept	23	Age	58	Months	3	Days	29
		Sex		male		Color or Race		white		Birth-place		Arrollton Md
		Occupation		Farmer		Where Residing if not at place of death		Granville Md				
		Married, Single or Widowed		Married		Name of Wife or Husband		Susan Dyer				
		Father's Name		Michael Dyer				Father's Birthplace		Arrollton Md		
		Mother's Maiden Name		Barbara Baughman				Mother's Birthplace		Arrollton Md		
		Name of person giving information		Henry Baker				How related to deceased		son-in-law		
PHYSICIAN OR CORONER		CAUSES OF DEATH										
		Primary				How long						
		Complete Paralysis of left side				12 hours						
		Immediate				How long						
		Exhaustion from Remedy for rheumatism				12 hours						
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		A. T. Robinson						
				Address		Granville Md						
Accident or Suicide?		No										



Name in Full		Sarah A Friend				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Friendsville	County Garrett		MARYLAND	
	Date of death	1906	Month Sep	Day 14	Age 83	Months 2	Days 8
	Sex	Female		Color or Race	White		Birth-place Ohio
	Occupation			Where Residing if not at place of death			
	Married, Single or Widowed		Widow		Name of Wife or Husband		
	Father's Name David Van Sickle				Father's Birthplace		
Mother's Maiden Name Rachel Enlow				Mother's Birthplace			
Name of person giving information Rev. D. C. A Friend				How related to deceased Son			
<div style="text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary		Old age		How long		
	Immediate		Heart failure		How long 3 wks		
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician A. J. Mason		
					Address Friendsville Md		
Assistant or Suicide? <input checked="" type="checkbox"/>							



Name
in
Full

Harderly

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

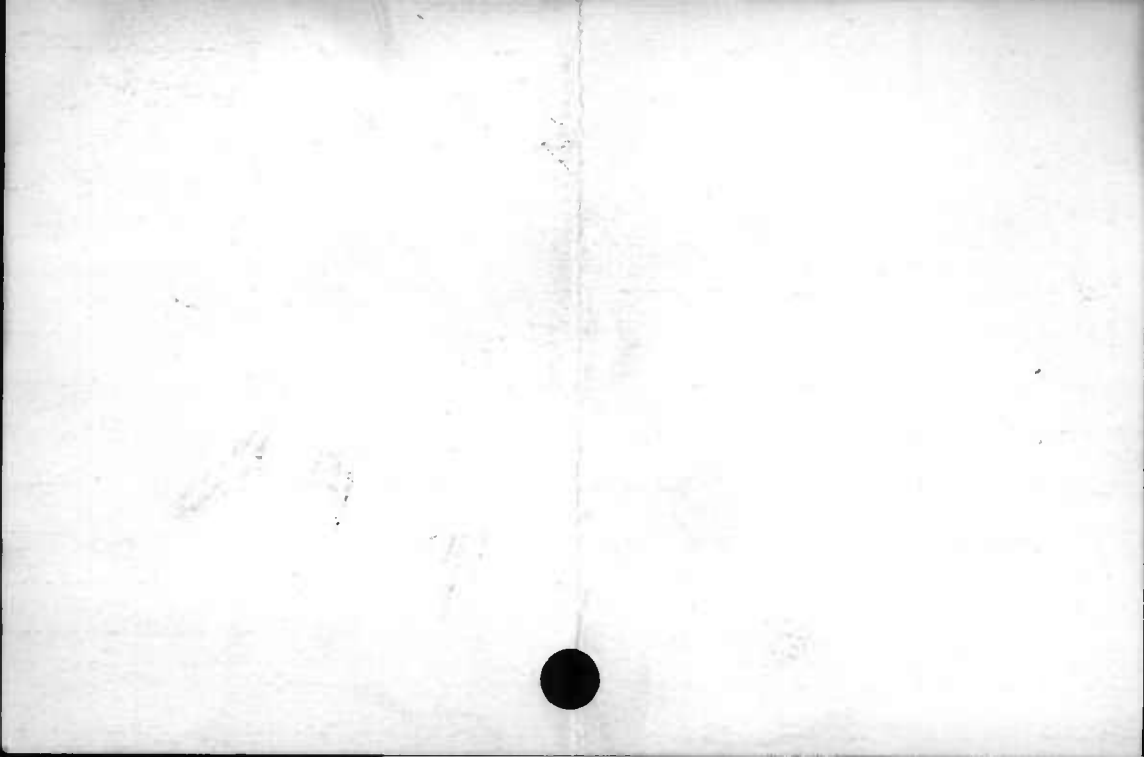
MARYLAND

Died at <i>Stutton</i>		Town		<i>Garrett</i>		County	
Date of death	<i>1906</i>	Month	<i>Sept</i>	Day	<i>6</i>	Age	<i>5</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Years <i>5</i>		Months	<i>✓</i>
Occupation <i>✓</i>		Birth-place <i>Stutton</i>		Where Residing if not at place of death <i>✓</i>		Days <i>✓</i>	
Married, Single or Widowed <i>✓</i>		Name of Wife or Husband <i>✓</i>					
Father's Name <i>H. L. Harderly</i>		Father's Birthplace <i>Virginia</i>					
Mother's Maiden Name <i>Alice Horstborger</i>		Mother's Birthplace <i>md</i>					
Name of person giving information <i>Father</i>		How related to deceased <i>—</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Disseminated Plaunt of mother</i>	How long	<i>✓</i>
Immediate	<i>Failure of heart</i>	How long	<i>5 Hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. Claffner Md</i>
		Address	<i>Corinth W Va</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Carroll</i> Town <i>Garrett</i> County		Date of death <i>1906</i> <i>Sept</i> <i>23</i> <i>Age</i> <i>54</i> <i>Years</i> <i>Months</i> <i>Days</i>	
Sex <i>M.</i>	Color or Race <i>colored</i>	Birth-place <i>Ind</i>	
Occupation <i>Coachman</i>	Where Residing if not at place of death <input checked="" type="checkbox"/>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <input checked="" type="checkbox"/>		
Father's Name <i>Don't know</i>	Father's Birthplace <input checked="" type="checkbox"/>		
Mother's Maiden Name <i>Don't know</i>	Mother's Birthplace <input checked="" type="checkbox"/>		
Name of person giving information	How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Injured by train.</i>	How long <i>166</i>
Immediate <i>Paralysis</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <input checked="" type="checkbox"/>	Signature of Physician <i>J. E. Lippert</i>
	Address <i>Carroll</i>
Accident or Suicide? <input checked="" type="checkbox"/>	<i>Ind</i>



Name in Full		CERTIFICATE OF DEATH			
		Infant		Humpherson	
		Town Buffalo		County Garrett	
		Died at		MARYLAND	
		Date of death	190	Month Sept	Day 18
		Age		Still Born	
		Sex	male	Color or Race	White
		Birth- place	Buffalo New		
		Occupation	Where Residing if not at place of death		
		Married, Single or Widowed	Name of Wife or Husband		
		Father's Name	Kline Humpherson		Father's Birthplace
		Mother's Maiden Name	Dolly Frazier		Mother's Birthplace
		Name of person giving In formation	Jefferson Frazier		How related to deceased
		CAUSES OF DEATH			
		Primary	Still Born		How long
		Immediate			How long
		Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
			Address		
			M. C. Frazier Underwood		
			Friendsville Md		
		Accident or Suicide?			

Groze Ridge

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <i>James H Johnson</i>		Town <i>Friendsville</i>		County <i>Garrett</i>		STATE <i>MARYLAND</i>	
Date of death 190 <i>6</i>	Month <i>Sept</i>	Day <i>11</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	<i>10 Hours</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>				
Married, Single or Widowed <i>Single</i>		Occupation <i>—</i>					
Name of Wife or Husband <i>—</i>							
Father's Name <i>C H Johnson</i>				Father's Birthplace <i>M, Va</i>			
Mother's Maiden Name <i>Mandie E Kernerburg</i>				Mother's Birthplace <i>P, Va</i>			
Name of person giving information <i>C H Johnson</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Premature</i>	How long <i>8 mo</i>
Immediate <i>11</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. Mason M.D.</i>
	Address <i>Friendsville</i>
Accident or Suicide? <i>No</i>	

Steal Cemetery

Name
in
Full

Infant Child W.E. King

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Yonman</i>		County <i>Harriet</i>		MARYLAND	
Date of death 190	Month <i>Sept.</i>	Day <i>27</i>	Age Years		Months		Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth- place <i>Ind</i>				
Married, Single or Widowed <i>✓</i>			Occupation				
Name of Wife or Husband <i>Mrs W.E. King</i>							
Father's Name <i>W. E. King</i>			Father's Birthplace <i>✓</i>				
Mother's Maiden Name <i>Betty Keasbey</i>			Mother's Birthplace <i>✓</i>				
Name of person giving In formation <i>W. G. Drinkwater</i>			How related to deceased <i>son</i>				

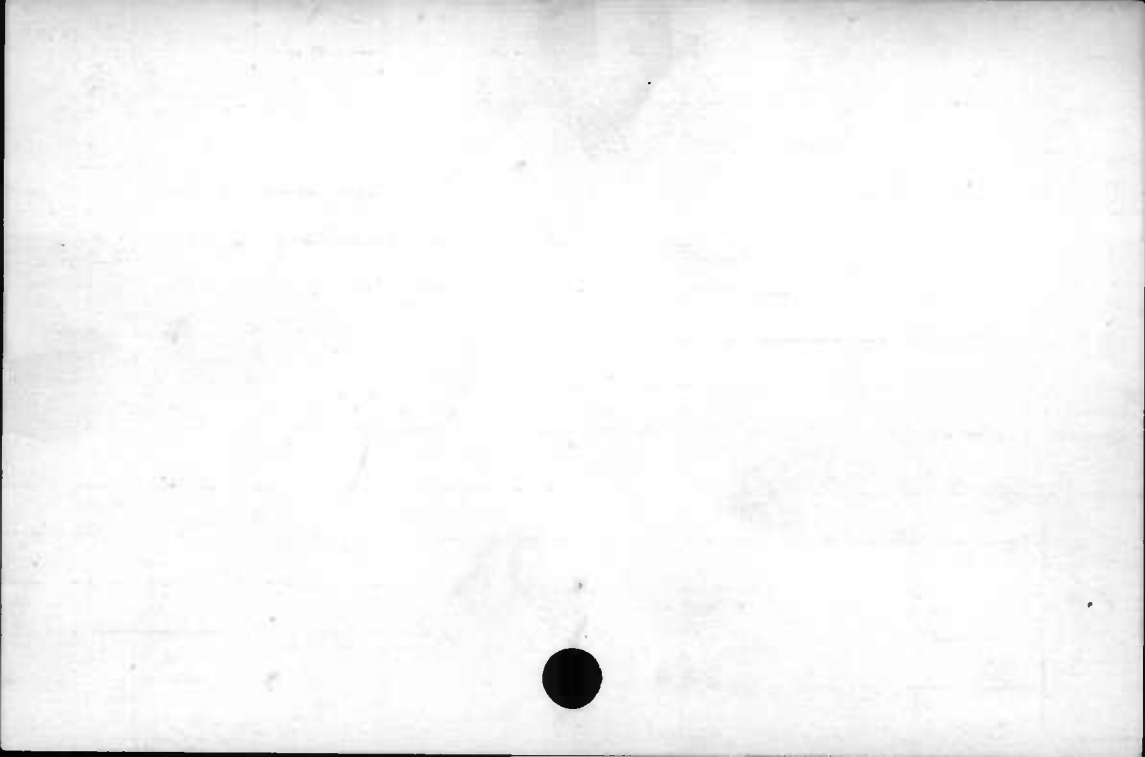
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Crout</i>	How long	<i>Weeks</i>
Immediate	<i>✓</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>W. G. Drinkwater</i>	
		Address <i>Yonman, W. Va.</i>	
Accident or Suicide?	<i>✓</i>		

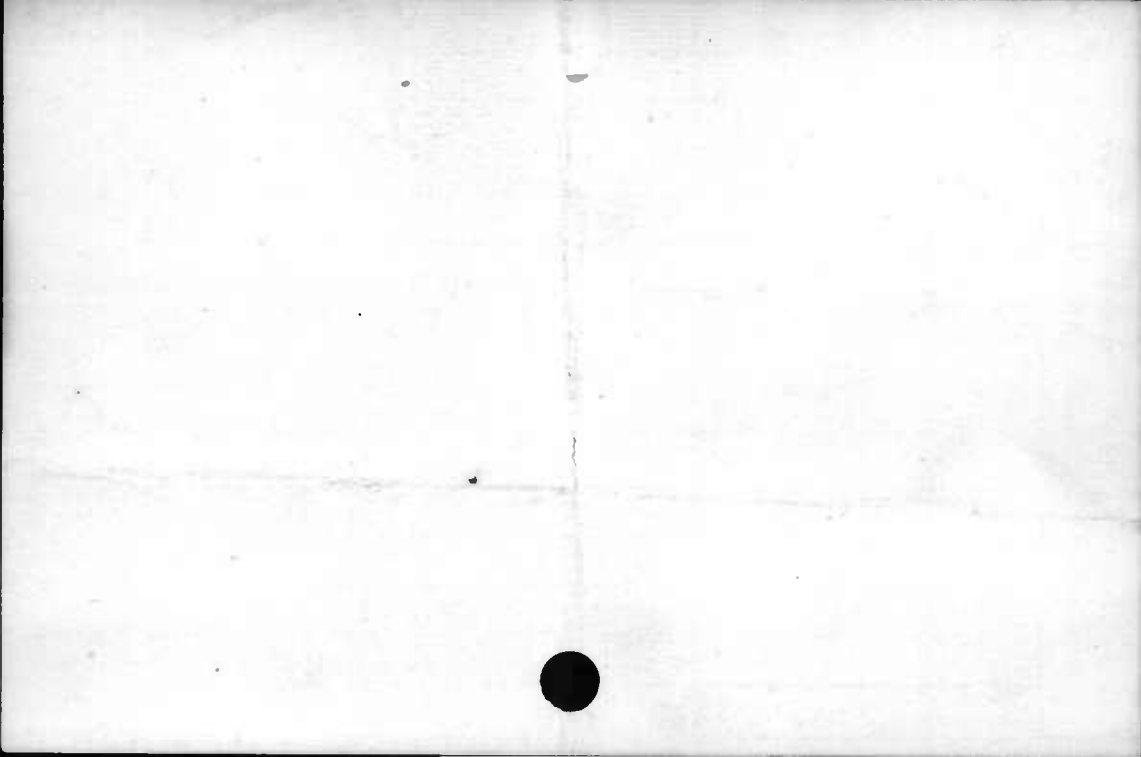


Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Merrill</i>		County <i>Garrett</i>		MARYLAND
	Date of death	1906	Month <i>Sep</i>	Day <i>13</i>	Age <i>one</i>
	Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Merrill</i>	Months <i>8</i>
	Occupation <i>=</i>	Where Residing if not at place of death <i>Merrill</i>			
	Married, Single or Widowed <i>=</i>	Name of Wife or Husband <i>=</i>			
	Father's Name <i>James Merrill</i>	Father's Birthplace <i>Merrill</i>			
	Mother's Maiden Name <i>Drusilla Bunnelle</i>	Mother's Birthplace			
Name of person giving information <i>James Merrill</i>	How related to deceased <i>Father</i>				
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	<i>Whooping cough</i>			How long
	Immediate				<i>Six weeks</i>
	Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>			Signature of Physician <i>Dr Robinson</i>
					Address <i>Grantsville</i>
	Accident or Suicide?				<i>Daniel A Merrill</i>

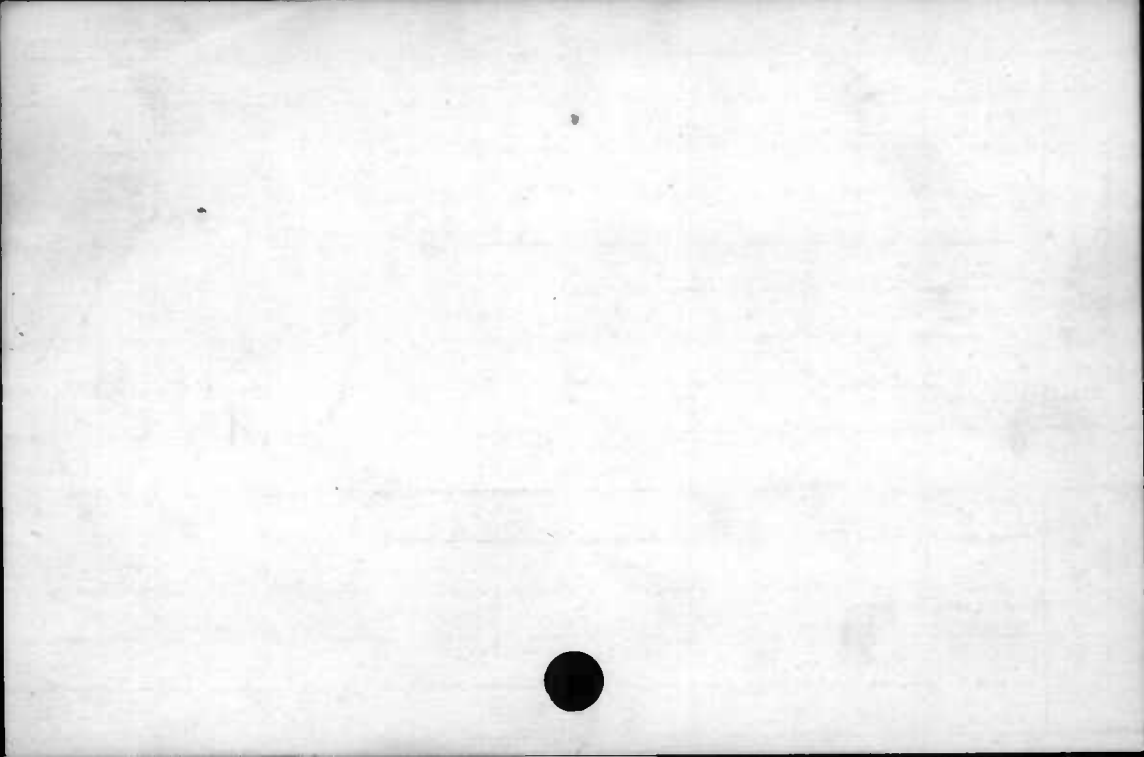


TO BE ANSWERED BY NEAREST FRIEND	Name in Full		Town		County		CERTIFICATE OF DEATH					
	Died at		Sunnyside		Garrett		MARYLAND					
	Date of death	1906	Month	Sept	Day	15	Age	Years	Months	8	Days	26
	Sex	Male		Color or Race	white			Birth-place	Sunnyside			
	Occupation					Where Residing if not at place of death	Sunnyside					
	Married, Single or Widowed			Name of Wife or Husband								
	Father's Name	Jonas Orndorff						Father's Birthplace				
Mother's Maiden Name							Mother's Birthplace					
Name of person giving information							How related to deceased					

PHYSICIAN OR CORONER	CAUSES OF DEATH				
	Primary	Enterocolitis		How long	2 weeks
	Immediate	meningitis		How long	10 days
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	M. C. Shierbaugh	
			Address	Oakland Md	
Accident or Suicide?					



Name in Full		Edward D. Schroyer				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Near Friendsville	County Garrett		MARYLAND	
	Date of death	1906	Month Sept.	Day 23d	Age 62	Years —	Months 24
	Sex	Male		Color or Race	White		Birth-place
	Occupation	Nothing		Where Residing if not at place of death			
	Married, Single	Single		Name of Wife or Husband			
	Had none						
PHYSICIAN OR CORONER	Father's Name		O. H. Schroyer			Father's Birthplace	
	Mother's Maiden Name		Kathrine Schroyer			Mother's Birthplace	
	Name of person giving information		O. C. Friend			How related to deceased	
	None						
	CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary		Chronic Diarrhorea			How long	
	2 yrs						
	Immediate						
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		
	A. J. Mason M.D.		Address			Friendsville Md.	
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

Baby Sines
Town

County

MARYLAND

Died at

Date

1906

Month

Sept

Day

3

Age

Years

—

Months

—

Days

1/2 hour

Sex

Female

Color or
Race

White

Birth-
place

Indo

Occupation

Seamstress

Where Residing if not
at place of death

✓

Married, Single
or Widowed

—

Name of Wife or
Husband

—

Father's
Name

Calvin Sines

Father's
Birthplace

WVa

Mother's
Maiden Name

Maud Ream

Mother's
Birthplace

Indo

Name of person giving
In formation

Samuel Sines

How related
to deceased

Cousin

CAUSES OF DEATH

Primary

Faulty Development

How long

How long

Immediate

Are the name, age, sex, color, day
and place correctly given above?

Signature of
Physician

Address

McNunbough
Cassan
Indo

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

